IMPORTANT NOTICE FOR Calworks Recipients

 If you were a participant in the CalWORKs Welfare-to-Work program anytime between January 1, 1998 and now, <u>and</u>

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

- You did <u>not</u> participate only in a school program that you enrolled in on your own (a SIP) when you were required to participate in the CalWORKs Welfare-to-Work program, <u>and</u>
- one or more of the following situations happened to you,
 You may be able to get more training time and/or some cash assistance back.
- The county did not let you go to an educational and/or training program for your entire welfare-to-work period of 18 or 24 months because the county had a rule that limited everyone to a shorter time than 18 or 24 months.
- The county would not send you to an educational or training program because you were not working at least part-time.
- The county would not send you to an educational program because you already had a high school diploma or General Equivalency Diploma (GED).
- The county required you to attend work experience as your first assignment after signing your welfare-to-work plan, because it said that all CalWORKs participants had to go to that activity.
- The county did not refer you to a third party assessment after you told the county that you did not agree with the CalWORKs welfare-to-work assessment.

If you are an eligible CalWORKs, welfare-to-work participant and one or more of the situations mentioned above happened to you, and you want the County Welfare Department to review your case to see if you may get more training time and/or some cash aid back, you must fill out the CalWORKs Welfare-to-Work Activities Review Request Form.

The form is printed on the other side of this Notice. Complete the form and return it to the worker or office that gave you your welfare-to-work assignment, by no later than July 1, 2002.

給領取CalWORKs者 的重要通知

- 1) 假如從1998年1月1日到現在之間的任何時候,你是加州工作機會並向孩子負責任計畫(CalWORKs)福利引至工作的參與者,**並且**
- 2) 在你被規定參加CaIWORKs的福利引至工作計畫時,你**不是**僅僅參與你自己報名加入的一項學校活動【自己擬定的計畫(SIP)**並且**
- 3) 你發生下列情形之一或多過一個的情形, 你可能可以得到更多的訓練時數和/或拿回一些現金補助。
- 你全部福利引至工作的18 或24個月的時期,郡政府沒有都讓你參加教育及/或訓練課程,因為郡政府有一個限制所有的人的參與須少於18 或24個月的規定。
- 郡政府不送你去教育或訓練課程,因為你沒有至少部分時間工作。
- 郡政府不送你去教育課程,因為你已經有高中文憑或一般教育相等證書(GED)。
- 在你簽署福利引至工作方案後,郡政府規定你加入工作經驗作為第一個分派活動, 因為照規定所有CalWORKs的參與者都要去那個活動。
- 在你告訴郡政府你不同意CalWORKs 福利引至工作的評估後,郡政府沒有把你轉介 給第三方評估。

假如你是合格的 CaIWORKs 福利引至工作的參與者,並且以上所提一或多於一個的情形 發生在你身上,並且你要求郡福利所審查你的案件,看是否你可以得到更多的訓練時數 和/或拿回一些現金補助,你必須填寫CaIWORKs福利引至工作活動審查請求表。

這表格印在這份通知的另一面。 填妥並交給工作員,或交給你福利引至工作分派工作的辦事處,不可遲過 2002年7月1日。

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

CalWORKs WELFARE-TO-WORK ACTIVITIES REVIEW REQUEST FORM

INSTRUCTIONS: Only complete this form if you were a participant in the CalWORKs Welfare-to-Work program anytime between January 1, 1998 and now. Do not complete this form if you were only in a school program that you enrolled in on your own (a SIP) when you were required to participate in the CalWORKs Welfare-to-Work program.

For CalWORKs Welfare-to-Work program participants, except those who only participated in a SIP, please answer the questions below. If you answered "no" to all of the questions below, do not submit this form. If you answer "yes" to any of the questions below, you may be able to get more training time and/or some cash aid back. To have the county review your case, fill out this form and send or bring it to the worker or office that gave you your CalWORKs welfare-to-work assignment, by no later than July 1, 2002. If this form is not submitted to the county by July 1, 2002, your request will be denied. If the county denies your request, it will send you a notice telling you why the request was denied and how you can ask for a State hearing. Please print or type your answers.

NAME		3, ,	3	DATE OF BIRTH	
ADDRESS				'	
SOCIAL SECUR	ITY NUMBER		CASE NUMBER	TELEPHONE NUMBER	
Since Janua	ry 1, 1998			/	
1. 🗌 YES	\square NO	Did you go to an educational and/or training program for less than your 18 or 24 months in those activities? If yes, in what county(ies)?	entire welfare-to-work period of 18 or 24 months because the o	county had a rule that limited everyone to a shorter time than	
2. YES`	□ NO	Did you need to go to an educational or training program to get county(ies)?	a job and the county said you could not go because yo	were not working at least part-time? If yes, in wha	
3. YES	□ NO	Did you need to go to an educational program to get a job and the county said you could not go because you already had a high school diploma or GED? If yes, in what county(ies)?			
4. 🗌 YES		Did the county send you to work experience program as your first activit what county(ies)?			
5. Tyes	☐ NO	Did you get sanctioned for not participating because you disagre county(ies)?	eed with one or more of the four county actions mentione	d above? If yes, why were you sanctioned and in wha	
6. 🗆 YES	□ N0	Did the county fail to refer you to a third party assessment after you told the county that you did not agree with the county's welfare-to-work assessment? If yes, what county(ies)?			
SIGNATURE OF	F PERSON MA	KING CLAIM:		DATE SIGNED	
		CalWORKs 福			
拿回一些現金	補助。你	作計畫參與者,那些只參加 SIP 的人除外, 請回答下列問題。 如果下列所 若 是 要郡政府審查你的案件,填妥這份表格並寄回或交給工作員或交給給 U郡政府拒絕你的請求,他們會寄給你預知告訴你為什麼你的請求被拒,以	你 Calworks福利引至工作分派工作的辦事處,不要遲過2002年		
姓名	311.7/11.7	HILANDE HELDER H	NUMBER SECTION OF THE NUMBER OF THE SECTION OF THE	出生日期	
地址					
社會安全號碼			案件號碼	電話 號碼 (
自 1998年	1月1日起	:			
1. 🗌 是	□否	你是否參加一項教育及/或訓練課程少於你全部福利引至 月的規定? 假如是的話,是在那一個(些)郡?	至工作的18 或24 個月的時期,因為郡政府有一項	限制每一個人參加活動的時間須少於18或24個	
2. 🗌 是	□否	你是否需要參加一個教育或訓練課程以得到工作, 而	可 郡政 府認 為你 不能 去因 為你 沒有 至少 部 分 時 間	引工作? 假如是的話,是在那一個(些)郡?	
3. 🗌 是	□否	你是否需要參加一個教育課程以得到工作, 而郡政府認為你	不能去因為你已經有高中文憑或一般教育相等證	書 (GED)? 假如是的話,是在那一個(些)郡?	
4. 🗌 是	□ 否	在簽署你的福利引至工作方案後,郡政府是否派你去工作經驗計畫作為你的第一個活動,因為郡政府的政策規定所有的參與者都必須去那個活動?假如是的話,是在那一個(些)郡?			
5. 🗌 是	□否	你是否因為不同意而沒有參加以上所提四個郡政府行動中的一個或多於一個活動因此得到處分? 假如是的話, 你為什麼被處分以及是在那一個(些)郡?			
6. 🗌 是	□ 否	在你告訴郡政府你不同意郡政府的福利引至工作的	的評估後,郡政府是否沒有把你轉介給第三	方評估? 假如是的話,那一個(些)郡?	
請求人簽名:			簽署日期	:	